



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  
FY 2008**

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

93930-254690

Application Number

10/688,292

Filed

October 17, 2003

For **REDUCED PROFILE MEDICAL BALLOON ELEMENT**

Art Unit

1773

Examiner

M. R. Jackson

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|  | <u>Fee</u> | <u>Small Entity Fee</u> |                  |
|--|------------|-------------------------|------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))               | \$120      | \$60                    | \$ _____         |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))              | \$460      | \$230                   | \$ _____         |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050     | \$525                   | \$ <u>525.00</u> |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))             | \$1640     | \$820                   | \$ _____         |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))             | \$2230     | \$1115                  | \$ _____         |

☒ Applicant claims small entity status. See 37 CFR 1.27.☐ A check in the amount of the fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director has already been authorized to charge fees in this application to a Deposit Account.☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 22-0261. I have enclosed a duplicate copy of this sheet.**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.I am the ☐ applicant/inventor.☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 46,180☐ attorney or agent under 37 CFR 1.34.Registration number if acting under 37 CFR 1.34  
# 35,046

Signature

January 28, 2008

Date

Keith G. Haddaway, Ph.D.

(202) 344-4000

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.